

Entered - 8-28-00 - sb
CL 00L0510 - GWENDOLYN BURNS

CLAIM OF:

JUDY ISENHOWER
115 Estoria Street, SE
Atlanta, Georgia 30316

01- R -0950

For vehicular damages alleged to have been sustained when a back
hoe backed into a fence on July 12, 2000 at 115 Estoria Street, SE.

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell by
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY Rob N. G. KA

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0510

Date: June 6, 2000

Claimant /Victim JUDY ISENHOWER
BY: (Atty) (Ins. Co.) _____
Address: 115 Estoria Street, SE, Atlanta, Georgia 30316
Subrogation: _____ Claim for Property damage \$ 500.00 Bodily Injury \$ _____
Date of Notice: 8/21/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 _____ X Ante Litem (6 Mo.) X
Date of Occurrence 7/12/00 Place: 115 Estoria Street, SE
Department _____ Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that her fence was damaged when a back hoe backed into it during a water main excavation project. An investigation determined that United Water Services Atlanta performed work at the incident location. The claimant's claim has been forwarded and resolved by United Water Services Atlanta.

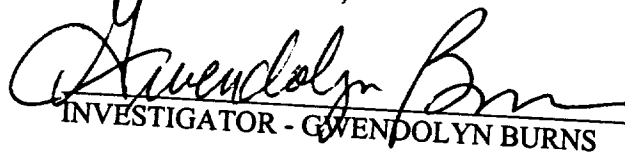
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

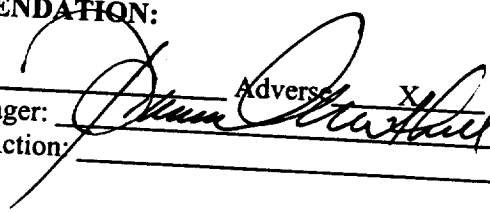
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X
Claims Manager:  Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Committee Action: _____ Concur/date 06-15-01
Council Action _____

BURNS
08/21/00
JH

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 8-10-00

ENTERED - 8-28-00 - SB
00L0510 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 500.00 approx. property and/or \$ no bodily injury for which I contend the City is liable.

1. Date of incident: July 12-15, 2000 (month/day/ year) 2. Time of Incident: don't know 3. Police called: Yes ☒ No ☐
4. Location of incident (including street address): 115 Estoria St SE Atlanta GA 30316
5. Name of your insurance company: Cigna Property & Casualty Policy No. A4 48 37687
6. State what and how incident occurred: July 12-15, 2000 city workers were laying water pipe for 120 Estoria St and the backhoe ran into my fence. This crew also left a bad dip in the street in front of 120 Estoria St
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Judy Isenhower
Signature of Claimant

Judy Isenhower
(Print Claimant's Name)

115 Estoria St SE
(Address)

Atlanta GA 30316
(City, State and Zip Code)

404-523-2322 404-523-2322
(Work Number) (Home Number)

01-R-0950